



## STATE OF MARYLAND JUDICIARY ADA Coordinator Designee/Change Form

**Please check one:**

☐ Coordinator/New Designee

☐ Alternate Coordinator/New Alternate

Jurisdiction: _____	Jurisdiction: _____
Name: _____	Name: _____
Job Title: _____	Job Title: _____
Location: _____	Location: _____
Phone Number: _____	Phone Number: _____
TTY Number: _____	TTY Number: _____
Email Address: _____	Email Address: _____
Designated by: _____	Designated by: _____
Approved by: _____	Approved by: _____

### For OFP Use Only

<input type="checkbox"/>	Acknowledgement	Date_____
<input type="checkbox"/>	Approval	Date_____
<input type="checkbox"/>	Webmaster	Date_____